001036

| | | |
|---|---|---|
| SURVEY | 4 | 4 |
| PSU | | |
| BLOCK | | |
| DWELLING | | |
| HOUSEHOLD | | |
| PERSON | | |

# IN CONFIDENCE

## POPULATION SURVEY

## JUNE 1992

Australian Bureau of Statistics

| PSU | BLOCK | DWELLING | HH | PERSON |
|---|---|---|---|---|
| 0 0 0 0<br>1 1 1 1 1<br>2 2 2 2 2<br>3 3 3 3 3<br>4 4 4 4 4<br>5 5 5 5 5<br>6 6 6 6<br>7 7 7 7<br>8 8 8 8<br>9 9 9 | 0 A<br>1 C<br>2 F<br>3 J<br>4 K<br>5 L<br>6 R<br>7 T<br>8 V<br>9 W<br>X | 0 0 0<br>1 1 1<br>2 2 2<br>3 3 3<br>4 4 4<br>5 5 5<br>6 6 6<br>7 7 7<br>8 8 8<br>9 9 9 | 1<br>2<br>3<br>4<br>5<br>6<br>7<br>8<br>9 | 0 0<br>1 1<br>2 2<br>3 3<br>4 4<br>5 5<br>6 6<br>7 7<br>8 8<br>9 9 |

**1A.** *Schedule obtained from person him/herself* .. .. .. .. 1

*Other Responsible Adult* .. .. .. .. .. .. .. 2

**1B.** *Schedule obtained by phone* .. .. .. .. .. 1

*Schedule not obtained by phone* .. 2

**1C.** OFFICE USE ONLY

02 04 06 07 08
09 10 11 12 13
14 15 16 17

**2.** SEX

Male .. .. .. .. .. 1

Female .. .. .. .. 2

**3.** AGE

0 0
1 1
2 2
3 3
4 4
5 5
6 6
7 7
8 8
9 9

**4.** MARITAL STATUS

Married .. .. .. .. 1

De facto .. .. .. .. 2

Separated .. .. .. .. 3

Divorced .. .. .. .. 4

Widowed .. .. .. .. 5

Never married .. 6

**5.** S.D. ONLY

S.D. Institutionalised person *(No more questions)* ◀ 1

S.D. Boarding school pupil *(No more questions)* ◀ 2

S.D. Other .. .. .. .. .. .. .. .. 3

**6.** COUNTRY OF BIRTH

| | |
|---|---|
| Australia → *Q.8* | 036 |
| U.K. & Ireland | 962 |
| Italy .. .. .. .. | 380 |
| Greece .. .. .. .. | 300 |
| Yugoslavia .. .. | 890 |
| Netherlands .. | 528 |
| Germany .. .. .. | 280 |
| New Zealand .. | 554 |
| Viet Nam .. .. | 704 |
| Poland .. .. .. .. | 616 |

0 0 0
1 1 1
2 2 2
3 3 3
4 4 4
5 5 5
6 6 6
7 7 7
8 8 8
9 9 9

**7.** YEAR OF ARRIVAL

0 0
1 1
2 2
3 3
4 4
5 5
6 6
7 7
8 8
9 9

**8.** SCHOOL ATTENDANCE *(If age 15 to 20)*

Date of leaving school *Enter month and year*

| | | | |
|---|---|---|---|
| 01 | | 83 | |
| 02 | | 84 | |
| 03 | | 85 | |
| 04 | | 86 | |
| 05 | | 87 | |
| 06 | | 88 | |
| 07 | | 89 | |
| 08 | | 90 | |
| 09 | | 91 | |
| 10 | | 92 | |
| 11 | | | |
| 12 | | | |
| Still attending | 1111 | | |

**9.** PERSON TYPE

Usual resident of P.D. *(Complete Q.12 to Q.15 when editing)* → *Q.11* 1

Visitor to P.D. .. .. .. .. 2

S.D. .. .. .. .. .. .. .. .. 3

**10.** WHAT IS THE POSTCODE OF THE SUBURB OR TOWN WHERE ..... USUALLY LIVES?

**A.** *If respondent knows postcode, enter below* .. .. .. .. .. 1

*If respondent does not know postcode ask for:-* .. .. .. .. 2

Suburb.....

City/Town.....

State.....

*When editing, enter postcode below*

Not known .. .. .. .. 3

**B.** Postcode

0 0 0 0
1 1 1 1
2 2 2 2
3 3 3 3
4 4 4 4
5 5 5 5
6 6 6 6
7 7 7 7
8 8 8 8
9 9 9 9

**11.** *Sequence Guide*

. *If aged 25 years or more* → *Q.18* 1

. *If still attending school ("1111" in Q.8)* → *Q.18* 2

. *Otherwise* → *Q.17* 3

 © Commonwealth of Australia 1992

**12.** HOUSEHOLD TYPE

1 *(Nothing further)* . . . . 1
2 . . . . . 2
3 . . . . . 3
4 . . . . . 4
5 . . . . . 5
6 *(Complete Q.14)* . . . . 6
7 *(Complete Q.14)* . . . . 7
8 *(Complete Q.14)* . . . . 8
9 *(Nothing further)* . . . . 9

**13.** Husband *(Complete Q.15)* . . . . 1

Wife *(Nothing further)* . . . . 2

Son/daughter *(Nothing further)* . . . . 3

**14.** Father/mother . . . . . 1

Son/daughter *(Nothing further)* . . . . 2

**15.** *If Household Type 2, 3 or 6 in Q.12, nothing further.*

*If Household Type 4, 5, 7 or 8 in Q.12, enter number of children aged 0 to 14 years*

**16.** OFFICE USE ONLY

| A Relationship | B Family Number | C Children 0-14 years |
|---|---|---|
| 1 2 3 4 5 6 7 8 | 1 2 3 4 5 6 7 8 9 | 1 2 3 4 5 6 7 8 9 |

| D UR scope/coverage exclusion | E Incomplete H/H, L/U | F Schedule, initial response | G Schedule, final response |
|---|---|---|---|
| 1 2 | 1 2 3 4 5 6 | 1 2 3 4 5 | 1 2 3 4 5 |

| H Children aged 0-4 | J Children aged 5-9 | K Children aged 10-14 | L | M |
|---|---|---|---|---|
| 1 2 3 4 5 6 7 8 9 | 1 2 3 4 5 6 7 8 9 | 1 2 3 4 5 6 7 8 9 | 1 2 3 4 5 6 7 8 9 | 0 0 1 1 2 2 3 3 4 4 5 5 6 6 7 7 8 8 9 9 |

| Interviewer Number | Week | Workload Number |
|---|---|---|
| 0 0 0 1 1 1 1 2 2 2 2 3 3 3 3 4 4 4 5 5 5 6 6 6 7 7 7 8 8 8 9 9 9 9 | 1 2 | 0 0 0 0 1 1 1 1 2 2 2 2 3 3 3 3 4 4 4 4 5 5 5 5 6 6 6 6 7 7 7 7 8 8 8 8 9 9 9 9 |

**17.** IS ..... CURRENTLY TAKING ANY COURSE OF FULL-TIME STUDY AT A TECHNICAL COLLEGE, COLLEGE OF ADVANCED EDUCATION OR UNIVERSITY?

Yes ..... 1
No ..... 2
Dec, Jan, Feb only — Not known, unclear ..... 3

**18.** I WOULD LIKE TO ASK YOU ABOUT THE WEEK STARTING MONDAY THE ..... AND ENDING LAST SUNDAY THE ..... THAT IS, LAST WEEK.

**19.** LAST WEEK, DID ..... DO ANY WORK AT ALL IN A JOB, BUSINESS OR FARM?

Yes ..... → *Q.21* 1
No ..... 2
Permanently unable to work → *Q.89* 3

**20.** LAST WEEK, DID ..... DO ANY WORK WITHOUT PAY IN A FAMILY BUSINESS?

Yes ..... 1
No ..... → *Q.42* 2

**21.** DID ..... HAVE MORE THAN ONE JOB LAST WEEK?

Yes ..... → *Q.24* 1
No ..... → *Q.30* 2

**22.**

**23.**

OFFICE USE ONLY

**24.** WAS THAT BECAUSE ..... CHANGED JOBS DURING THE WEEK?

Yes ..... → *Q.29A* 1
No ..... → *Q.29B* 2

**25.**

**26.**

**27.**

**28.**

OFFICE USE ONLY

**29A.** I WOULD NOW LIKE TO ASK YOU ABOUT ..... PRESENT JOB.

→ *Q.30*

**29B.** I WOULD NOW LIKE TO ASK YOU ABOUT THE JOB IN WHICH ..... USUALLY WORKS THE MOST HOURS.

**30.** DID ..... WORK —

FOR AN EMPLOYER FOR WAGES OR SALARY? ..... → *Q.34* 1
IN ..... OWN BUSINESS WITH EMPLOYEES? ..... 2
WITH NO EMPLOYEES? ..... 3
WITHOUT PAY IN A FAMILY BUSINESS? ..... → *Q.34* 4

WHAT ARE ..... WORKING ARRANGEMENTS?

Payment in kind ..... → *Q.34* 5
Unpaid voluntary work → *Q.68* 6

**31A.** IS ..... BUSINESS A LIMITED LIABILITY COMPANY?

Yes ..... → *Q.34* 1
No ..... → *Q.34* 2

**31B.**

**32.**

**33.**

OFFICE USE ONLY

**34A.** ON WHICH DAYS DID ..... WORK LAST WEEK (IN ALL JOBS)?

| | MON | TUES | WED | THU | FRI | SAT | SUN |
|---|---|---|---|---|---|---|---|
| Yes | | | | | | | |
| No | | | | | | | |

**34B.** DID ..... HAVE ANY TIME OFF FROM ..... JOB(S) ON THOSE DAYS?

Yes
No

**34C.** DID ..... WORK ANY PAID OR UNPAID OVERTIME ON ANY DAY LAST WEEK?

Yes ..... 1
No ..... 2
Other ..... 3

**34D.** HOW MANY HOURS DID ..... ACTUALLY WORK LAST WEEK (LESS THE TIME OFF) (BUT) (COUNTING THE OVERTIME)?

35 hours or more → *Q.89*
1-34 hours → *Q.35*
Less than 1 hour/ no hours → *Q.55* 99

0 0 1 1 2 2 3 3 4 4 5 5 6 6 7 7 8 8 9 9

**35.** IN (THAT JOB/THOSE JOBS) DOES ..... USUALLY WORK LESS THAN 35 HOURS A WEEK?

- Yes ..... → *Q.38* — 1
- No ..... — 2

**36.** WHY DID ..... WORK LESS THAN 35 HOURS LAST WEEK?

- Own illness or injury ..... — 1
- Leave, holiday or flextime/ personal reasons ..... — 2
- Began job during week ..... — 3
- Left/lost job during week ..... — 4
- On strike/locked out ..... — 5
- Bad weather/breakdown ..... — 6
- Stood down/on short time/ insufficient work ..... — 7
- Shift work/standard work arrangements ..... — 8
- Other ..... — 9

**37.** → *Q.89*

**38.** WOULD ..... PREFER A JOB IN WHICH ..... WORKED MORE HOURS A WEEK?

- Yes ..... — 1
- No ..... → *Q.89* — 2
- Don't know ..... → *Q.89* — 3

**39.** AT ANY TIME DURING THE LAST 4 WEEKS HAS ..... BEEN LOOKING FOR FULL-TIME WORK?

- Yes ..... — 1
- No ..... → *Q.89* — 2

**40.** AT ANY TIME IN THE LAST 4 WEEKS HAS .....

- WRITTEN, PHONED OR APPLIED IN PERSON TO AN EMPLOYER FOR WORK? ..... — 01
- ANSWERED A NEWSPAPER ADVERTISEMENT FOR A JOB? ..... — 02
- LOOKED IN NEWSPAPERS?
  - Yes
  - No
- CHECKED FACTORY OR COMMONWEALTH EMPLOYMENT SERVICE NOTICE BOARDS? ..... — 03

AT ANY TIME IN THE LAST 4 WEEKS HAS .....

- BEEN REGISTERED WITH THE COMMONWEALTH EMPLOYMENT SERVICE? ..... — 04
- CHECKED OR REGISTERED WITH ANY OTHER EMPLOYMENT AGENCY? ..... — 05
- DONE ANYTHING ELSE TO FIND A JOB?
  - Advertised or tendered for work ..... — 06
  - Contacted friends/relatives ..... — 07
  - Other ..... — 08
  - Only looked in newspapers ..... — 09
  - None of these ..... — 10

**41.** → *Q.89*

**42.** DID ..... HAVE A JOB, BUSINESS OR FARM THAT ..... WAS AWAY FROM BECAUSE OF HOLIDAYS, SICKNESS OR ANY OTHER REASON?

Yes ..... 1

No ..... → *Q.68* 2

**43.** DID ..... HAVE MORE THAN ONE JOB?

Yes ..... → *Q.48* 1

No ..... → *Q.51* 2

**44.**

OFFICE USE ONLY

**45.**

**46.**

**47.**

OFFICE USE ONLY

**48.** I WOULD NOW LIKE TO ASK YOU ABOUT THE JOB IN WHICH ..... USUALLY WORKS THE MOST HOURS.

→ *Q.51*

**49.**

**50.**

OFFICE USE ONLY

**51.** DOES ..... WORK —

FOR AN EMPLOYER FOR WAGES OR SALARY? ..... → *Q.55* 1

IN ..... OWN BUSINESS WITH EMPLOYEES? ..... 2

WITH NO EMPLOYEES? ..... 3

WITHOUT PAY IN A FAMILY BUSINESS? ..... → *Q.53* 4

WHAT ARE ..... WORKING ARRANGEMENTS?

Payment in kind → *Q.55* 5

Unpaid voluntary work → *Q.68* 6

**52.** IS ..... BUSINESS A LIMITED LIABILITY COMPANY?

Yes ..... → *Q.55* 1

No ..... 2

**53.** WHY WAS ..... AWAY FROM WORK LAST WEEK?

Own illness or injury ..... 1

Holiday/personal reasons ..... 2

No work available ..... 3

Bad weather/breakdown ..... 4

On strike/locked out ..... 5

Other .....

..... 6

**54.** → *Q.63*

**55.** WHY WAS ..... AWAY FROM WORK LAST WEEK?

- Own illness or injury ..... 1
- Leave, holiday or flextime/ personal reasons → *Q.61* 2
- Bad weather/breakdown → *Q.61* 3
- Stood down → *Q.58* 4
- No work/insufficient work → *Q.59* 5
- On strike/locked out → *Q.63* 6
- Usually works less than one hour a week/began job/lost job → *Q.68* 7
- Other ..... → *Q.61* 8

**56.** WAS ..... ON WORKERS' COMPENSATION LAST WEEK?

- Yes ..... 1
- No → *Q.61* 2

**57.** WILL ..... BE RETURNING TO WORK FOR ..... EMPLOYER?

- Yes → *Q.63* 1
- No → *Q.68* 2
- Don't know → *Q.68* 3

**58.** WHY WAS ..... STOOD DOWN?

- Bad weather/breakdown → *Q.61* 1
- Other ..... 2

**59.** WAS ..... PAID OR WILL ..... BE PAID FOR ANY OF LAST WEEK?

- Yes → *Q.63* 1
- No ..... 2

**60.** HOW LONG HAS ..... BEEN AWAY FROM WORK WITHOUT PAY?

- One week → *Q.63* 1
- Two weeks → *Q.63* 2
- Three weeks → *Q.63* 3
- Four weeks or more → *Q.68* 4

**61.** UP UNTIL THE END OF LAST WEEK, HOW LONG HAD ..... BEEN AWAY FROM WORK?

- Less than 4 weeks → *Q.63* 1
- 4 weeks or more ..... 2

**62.** WAS ..... PAID OR WILL ..... BE PAID FOR ANY PART OF THE LAST FOUR WEEKS?

- Yes ..... 1
- No → *Q.68* 2

**63.** HOW MANY HOURS A WEEK DOES ..... USUALLY WORK IN (ALL) ..... JOB(S)?

- 35 hours or more → *Q.89* 1
- 1-34 hours ..... 2
- No hours → *Q.68* 3

**64.** WOULD ..... PREFER A JOB IN WHICH ..... WORKED MORE HOURS A WEEK?

- Yes ..... 1
- No → *Q.89* 2
- Don't know → *Q.89* 3

**65.** AT ANY TIME DURING THE LAST 4 WEEKS HAS ..... BEEN LOOKING FOR FULL-TIME WORK?

- Yes ..... 1
- No → *Q.89* 2

**66.** AT ANY TIME IN THE LAST 4 WEEKS HAS .....

- WRITTEN, PHONED OR APPLIED IN PERSON TO AN EMPLOYER FOR WORK? ..... 01
- ANSWERED A NEWSPAPER ADVERTISEMENT FOR A JOB? ..... 02
- LOOKED IN NEWSPAPERS?
  - Yes
  - No
- CHECKED FACTORY OR COMMONWEALTH EMPLOYMENT SERVICE NOTICE BOARDS? ..... 03

AT ANY TIME IN THE LAST 4 WEEKS HAS .....

- BEEN REGISTERED WITH THE COMMONWEALTH EMPLOYMENT SERVICE? ..... 04
- CHECKED OR REGISTERED WITH ANY OTHER EMPLOYMENT AGENCY? ..... 05
- DONE ANYTHING ELSE TO FIND A JOB?
  - Advertised or tendered for work 06
  - Contacted friends/relatives ..... 07
  - Other .....
  - ..... 08
  - Only looked in newspapers ..... 09
  - None of these ..... 10

**67.** → *Q.89*

**68.** AT ANY TIME DURING THE LAST 4 WEEKS HAS ..... BEEN LOOKING FOR FULL-TIME WORK?

Yes .. → *Q.70* 1

No .. 2

**69.** HAS ..... BEEN LOOKING FOR PART-TIME WORK AT ANY TIME DURING THE LAST 4 WEEKS?

Yes .. 1

No .. → *Q.89* 2

**70.** AT ANY TIME IN THE LAST 4 WEEKS HAS .....

WRITTEN, PHONED OR APPLIED IN PERSON TO AN EMPLOYER FOR WORK? .. 01

ANSWERED A NEWSPAPER ADVERTISEMENT FOR A JOB? .. 02

LOOKED IN NEWSPAPERS?

Yes

No

CHECKED FACTORY OR COMMONWEALTH EMPLOYMENT SERVICE NOTICE BOARDS? .. 03

AT ANY TIME IN THE LAST 4 WEEKS HAS .....

BEEN REGISTERED WITH THE COMMONWEALTH EMPLOYMENT SERVICE? .. 04

CHECKED OR REGISTERED WITH ANY OTHER EMPLOYMENT AGENCY? .. 05

DONE ANYTHING ELSE TO FIND A JOB?

Advertised or tendered for work .. 06

Contacted friends/relatives .. 07

Other .....

.....

.....

..... → *Q.89* 08

Only looked in newspapers → *Q.89* 09

None of these .. → *Q.89* 10

**71.** IF ..... HAD FOUND A (PART-TIME) JOB COULD ..... HAVE STARTED WORK LAST WEEK?

Yes .. → *Q.76* 1

No .. 2

Don't know .. → *Q.76* 3

**72.** WHAT WERE THE REASONS ..... COULD NOT HAVE STARTED WORK LAST WEEK?

Own illness or injury .. 1

Going to school .. → *Q.89* 2

Going to a tertiary institution → *Q.89* 3

Personal reasons, family responsibilities .. → *Q.89* 4

Waiting to start a job → *Q.74* 5

Other .....

..... → *Q.89* 6

**73.** UP UNTIL THE END OF LAST WEEK HOW LONG HAD ..... BEEN ILL?

Less than 4 weeks → *Q.76* 1

4 weeks or more .. → *Q.89* 2

**74.** WHEN WILL ..... BE STARTING WORK IN THAT JOB?

Less than 4 weeks .. 1

4 weeks or more .. → *Q.89* 2

**75.** IF THE JOB HAD BEEN AVAILABLE LAST WEEK, WOULD ..... HAVE STARTED THEN?

Yes .. 1

No .. → *Q.89* 2

**76.** WHEN DID ..... BEGIN LOOKING FOR WORK?

Enter date .....

Less than 2 weeks .. 001

No. of weeks

**77.** HOW LONG AGO IS IT SINCE ..... LAST WORKED FULL-TIME FOR TWO WEEKS OR MORE ?

Enter date .....

Under 2 years (no. of weeks) ..

2 years or more → *Q.87* 104

Never worked full-time for 2 weeks or more but has worked → *Q.87* 998

Has never worked → *Q.89* 999

**78.** WHAT KIND OF WORK DID ..... DO?

.....

.....

.....

.....

**79.** WHO DID ..... WORK FOR? (Name/Full address)

.....

.....

.....

**80.** WHAT KIND OF INDUSTRY, BUSINESS, OR SERVICE WAS CARRIED OUT AT THAT ADDRESS?

.....

.....

.....

.....

**81.** DID ..... WORK —

FOR AN EMPLOYER FOR WAGES OR SALARY? → *Q.83* — 1

IN ..... OWN BUSINESS WITH EMPLOYEES? — 2

WITH NO EMPLOYEES? — 3

WITHOUT PAY IN A FAMILY BUSINESS? → *Q.83* — 4

WHAT WERE ..... WORKING ARRANGEMENTS?

Payment in kind → *Q.83* — 5

Unpaid voluntary work → *Q.87* — 6

**82.** WAS ..... BUSINESS A LIMITED LIABILITY COMPANY?

Yes — 1

No → *Q.86* — 2

**83.** WHY DID ..... LEAVE THE JOB WITH *(Employer in Q.79)*?

Laid off - no work available/ retrenched/made redundant/ employer went out of business/ dismissed etc. — 1

Job was temporary or seasonal → *Q.85* — 2

Own ill health or injury — 3

Unsatisfactory work arrangements/pay/hours — 4

Holiday job → *Q.85* — 5

Other reasons - returned to studies/marry/children/ look after others/have holiday/ moved house/spouse transferred etc. — 6

**84.** → *Q.87*

**85.** DID ..... LEAVE THE JOB TO RETURN TO STUDIES?

Yes → *Q.87* — 1

No → *Q.87* — 2

**86.** WHY DID ..... STOP WORKING IN THAT BUSINESS?

Closed down for economic reasons - went broke/liquidated/ no work/no supply or demand etc. — 1

Own ill health or injury — 2

Closed down or sold for other reasons — 3

**87.** (SINCE *date in Q.77*) HAS ..... WORKED PART-TIME FOR TWO WEEKS OR MORE?

Yes — 1

No → *Q.89* — 2

**88.** HOW LONG AGO IS IT SINCE ..... LAST WORKED PART-TIME FOR TWO WEEKS OR MORE?

Enter date .....

Under 2 years (no. of weeks) → *Q.89*

2 years or more → *Q.89* — 104

**89.** *Sequence Guide*

*.If SD or Visitor to PD, no more questions* ◄ 1

*.If still attending school ("1111" in Q.8), no more questions* ◄ 2

*.If "1" in Q.17* → *Q.91* 3

*.If aged 25 years ONLY* → *Q.90* 4

*.Otherwise* → *Q.92* 5

**90.** IS ..... CURRENTLY TAKING ANY COURSE OF FULL-TIME STUDY AT A TECHNICAL COLLEGE, COLLEGE OF ADVANCED EDUCATION OR UNIVERSITY?

Yes 1

No → *Q.92* 2

**91.** *Sequence Guide*

*.If parents(s) NOT listed on Household Form* → *Q.92* 1

*.If married or de facto* → *Q.92* 2

*.If person has child/ren listed on Household Form* → *Q.92* 3

*.Otherwise, no more questions* ◄ 4

**92.** THE NEXT FEW QUESTIONS ARE ABOUT ..... PRIVATE HEALTH INSURANCE ARRANGEMENTS.

**93.** APART FROM MEDICARE, IS ..... CURRENTLY COVERED BY PRIVATE HEALTH INSURANCE?

Yes → *Q.98* 1

No 2

**94.** HAS ..... BEEN COVERED BY PRIVATE HEALTH INSURANCE AT ANY TIME IN THE LAST TWO YEARS?

Yes 1

No → *Q.107* 2

**95.** HOW LONG IS IT SINCE ..... CEASED TO BE COVERED BY PRIVATE HEALTH INSURANCE?

01-24 months [ ][ ]

More than two years → *Q.107* 99

**96.** WHY DOES ..... NO LONGER HAVE PRIVATE HEALTH INSURANCE COVER?

Medicare provides sufficient cover *a* 1

Can't afford private health insurance *b* 2

Eligible for/has health concession card *c* 3

Bad claims experience/poor service *d* 4

Other *(Specify)* .....

.....

..... *e* 5

**97.** → *Q.107*

**98.** HOW LONG HAS ..... BEEN COVERED BY PRIVATE HEALTH INSURANCE?

01-24 months [ ][ ]

More than two years 99

**99.** IS ..... CURRENTLY COVERED BY INSURANCE AT SINGLE OR FAMILY RATES?

Single → *Q.101* 1

Family 2

**100.** *Sequence Guide*

*.If married male OR de facto male, AND spouse in on scope and coverage* → *Q.107* 1

*.Otherwise* → *Q.101* 2

**101.** DOES ..... PRIVATE HEALTH INSURANCE COVER INCLUDE HOSPITAL EXPENSES?

Yes 1

No → *Q.104* 2

Don't know → *Q.103* 3

**102.** IS THIS INSURANCE AT THE BASIC LEVEL OF THE PRIVATE HEALTH FUND OR IS ..... INSURED AT A HIGHER LEVEL?

| | |
|---|---|
| Basic cover | 1 |
| Higher cover | 2 |
| Don't know | 3 |
| Other *(Specify)* ..... | 4 |

**103.** DOES ..... PRIVATE HEALTH INSURANCE COVER ANY EXPENSES APART FROM HOSPITAL EXPENSES?

| | |
|---|---|
| Yes | 1 |
| No | 2 |
| Don't know | 3 |

**104.** DURING THE LAST TWO YEARS, HAS ..... CHANGED ..... TYPE OR LEVEL OF PRIVATE HEALTH INSURANCE?

| | | |
|---|---|---|
| Yes | | 1 |
| No | → *Q.106* | 2 |
| Don't know | → *Q.106* | 3 |

**105.** WHAT WAS THE MOST RECENT CHANGE THAT ..... MADE TO ..... PRIVATE HEALTH INSURANCE?

| | | |
|---|---|---|
| Took up hospital cover | *a* | 01 |
| Increased hospital cover | *b* | 02 |
| Decreased hospital cover | *c* | 03 |
| Ceased hospital cover | *d* | 04 |
| Took up ancillary cover | *e* | 05 |
| Increased ancillary cover | *f* | 06 |
| Decreased ancillary cover | *g* | 07 |
| Ceased ancillary cover | *h* | 08 |
| Single to family cover/family to single cover | *j* | 09 |
| Changed to front-end deductible scheme | *k* | 10 |
| Changed to employer scheme/changed companies | *m* | 11 |
| Don't know | *n* | 12 |
| Other change *(Specify)* ..... | *p* | 13 |

**106.** WHAT ARE THE REASONS ..... IS COVERED BY PRIVATE HEALTH INSURANCE?

| | | |
|---|---|---|
| Choice of doctor | *a* | 1 |
| Allows use of private hospitals | *b* | 2 |
| To provide benefits for ancillary services | *c* | 3 |
| Shorter wait for treatment/ concern over public hospital waiting lists | *d* | 4 |
| Financial reasons | *e* | 5 |
| Always had it/parents had it/ condition of job | *f* | 6 |
| Security/protection/peace of mind | *g* | 7 |
| Other *(Specify)* ..... | *h* | 8 |

**107.** I WOULD NOW LIKE TO ASK YOU ABOUT ..... INCOME.

DOES ..... CURRENTLY RECEIVE INCOME FROM ANY OF THE FOLLOWING SOURCES:-

| | | |
|---|---|---|
| WAGES OR SALARY? | *a* | 1 |
| GOVERNMENT PENSION OR CASH BENEFIT EXCLUDING FAMILY ALLOWANCE? | *b* | 2 |
| OWN BUSINESS OR SHARE IN PARTNERSHIP? | *c* | 3 |
| SUPERANNUATION? | *d* | 4 |
| INVESTMENT/INTEREST? | *e* | 5 |
| ANY OTHER SOURCE? | *f* | 6 |
| None of the above → *Q.113* | *g* | 7 |

**108.** *Interviewer: Show WHITE card:-*

IN WHICH OF THESE GROUPS IS ..... TOTAL WEEKLY INCOME FROM ALL SOURCES BEFORE TAX OR ANYTHING ELSE IS TAKEN OUT?

| | |
|---|---|
| Group | 0 0 / 1 1 / 2 2 / 3 / 4 / 5 / 6 / 7 / 8 / 9 |
| Don't know | 99 |

**109.** *Sequence Guide*

*.If more than one box marked in Q.107* → *Q.110* 1

*.If Code "2" ONLY, ("Government pension or cash benefit"), in Q.107* → *Q.112* 2

*.Otherwise* → *Q.113* 3

**110.** WHAT IS ..... MAIN SOURCE OF INCOME?

| | | |
|---|---|---|
| Wages or Salary | | 1 |
| Government Pension or Cash Benefit | → *Q.112* | 2 |
| Own Business or Share in Partnership | | 3 |
| Superannuation | | 4 |
| Investment/Interest | | 5 |
| Other | | 6 |

**111.** *Sequence Guide*

*.If Code "2", ("Government pension or cash benefit"), in Q.107* → *Q.112* 1

*.Otherwise* → *Q.113* 2

**112.** *Interviewer: Show YELLOW card:-*

WHAT PENSION OR BENEFIT DOES ..... RECEIVE?

| | | |
|---|---|---|
| Age pension | *a* | 01 |
| Service pension | *b* | 02 |
| Unemployment benefit | *c* | 03 |
| Sickness benefit | *d* | 04 |
| Widow's pension | *e* | 05 |
| Invalid pension | *f* | 06 |
| Sole parent's pension | *g* | 07 |
| Wife's/Carer's pension | *h* | 08 |
| Repat./Disability pension | *j* | 09 |
| War widow's pension | *k* | 10 |
| Special benefit | *m* | 11 |
| Overseas pensions/benefits | *n* | 12 |
| Family allowance/supplement | *p* | 13 |
| AUSTUDY | *q* | 14 |
| Secondary Assistance | *r* | 15 |
| Job search allowance | *s* | 16 |
| Other *(Specify)* ..... | | |
| ..... | | |
| ..... | *t* | 17 |

**113.** *Sequence Guide*

*.If aged 35 years or more* → *Q.114* 1

*.Otherwise* → *Q.116* 2

**114.** DOES ..... HAVE A DEPARTMENT OF VETERANS' AFFAIRS TREATMENT ENTITLEMENT CARD?

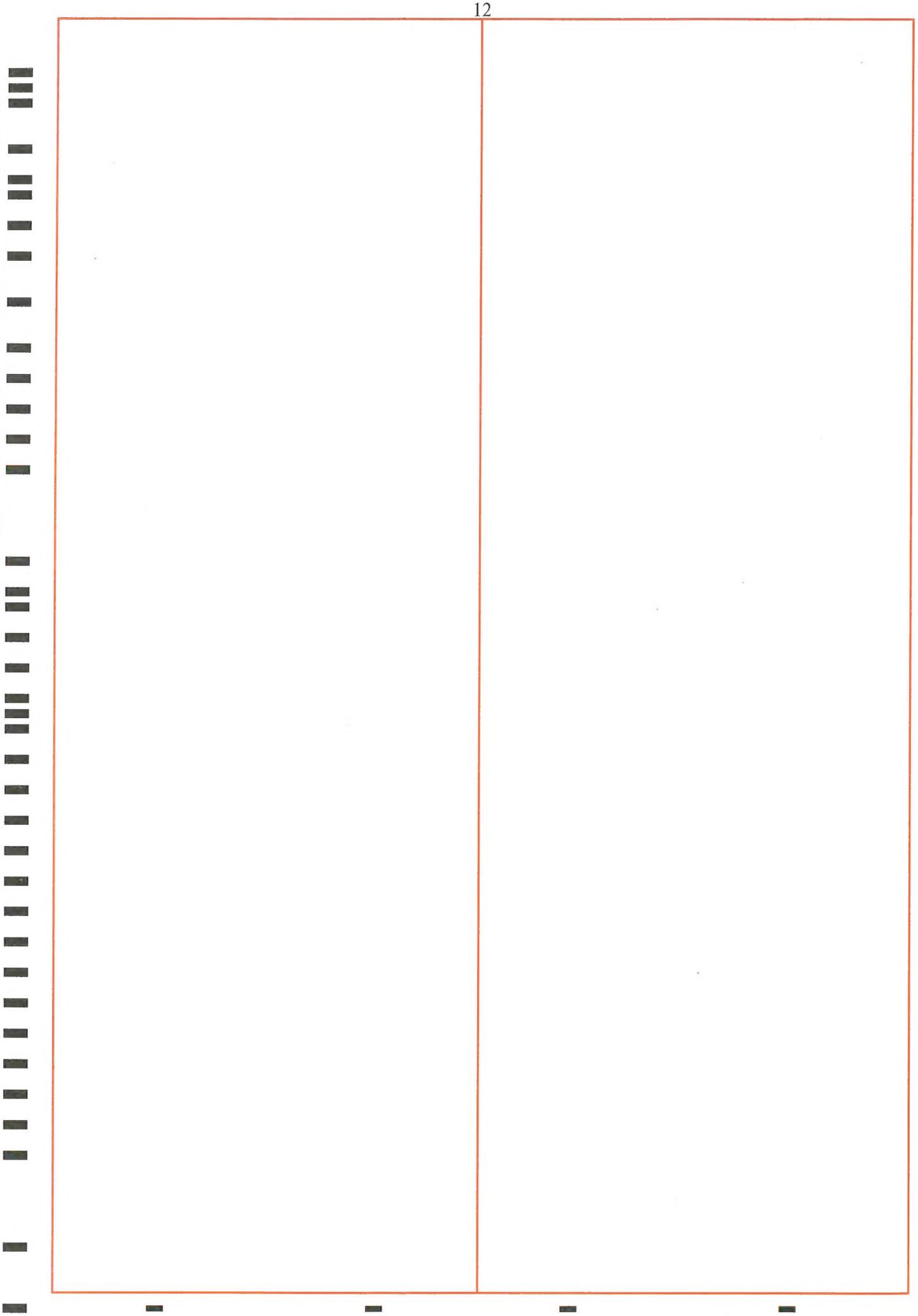
| | | |
|---|---|---|
| Yes | | 1 |
| No | → *Q.116* | 2 |
| Don't know | → *Q.116* | 3 |

**115.** WHAT COLOUR IS ..... TREATMENT ENTITLEMENT CARD?

| | |
|---|---|
| White | 1 |
| Red | 2 |
| Yellow | 3 |
| Lilac | 4 |
| Don't know | 5 |

**116.** *Interviewer: Show BLUE card:-*

APART FROM MEDICARE, IS ..... COVERED BY ANY OF THESE (OTHER) GOVERNMENT HEALTH CONCESSION CARDS?

| | |
|---|---|
| Pensioner Health Benefits Card | 1 |
| Health Benefits Card | 2 |
| Health Care Card | 3 |
| Pharmaceutical Benefits Concession Card | 4 |
| Pharmaceutical Benefits Entitlement Card (Chemist Card) | 5 |
| Other *(Specify)* ..... | |
| ..... | |
| ..... | 6 |
| Don't know | 7 |
| Not covered | 8 |

**117.** *No more questions* ◀